

**This coupon sheet is for your record keeping - to record the details of your payments.
You do not need to send a coupon with your payment.**

<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">JULY 2023</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">AUGUST 2023</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">SEPTEMBER 2023</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>
<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">OCTOBER 2023</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">NOVEMBER 2023</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">DECEMBER 2023</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>
<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">JANUARY 2024</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">FEBRUARY 2024</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">MARCH 2024</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>
<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">APRIL 2024</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">MAY 2024</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>	<p align="center">HYDE PARK CSD 2022-2023 HEALTH INSURANCE PREMIUM PAYMENT COUPON</p> <p align="center">JUNE 2024</p> <p>Payment Date: _____</p> <p>Payment Amt.: _____</p> <p>Check Number: _____</p>

**All payments are due the 1st of the month, but must be received no later than the 30th of the month.
Make checks payable to: HYDE PARK PREMIUM BILLING
Write in the memo section: HPCSD and your name
Mail check to: The Preferred, P.O. Box 16275, Albany, NY 12212**